

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Camphill Ballymoney
Centre ID:	OSV-0003633
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Camphill Communities of Ireland
Provider Nominee:	Adrienne Smith
Lead inspector:	Noelene Dowling
Support inspector(s):	Paul Pearson
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 March 2017 10:00	07 March 2017 19:30
08 March 2017 08:30	08 March 2017 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was the second inspection of this centre which forms part of an organisation which has a number of designated centres nationwide. This was an announced inspection undertaken to inform the Health Information and Quality Authority's (HIQA) decision to register the centre following the provider's application.

As a result of concerns regarding overall safeguarding and governance arrangements in the wider organisation, the provider was requested to attend meetings with HIQA in April 2016 and on 16 October 2016. Following these meetings warning compliance

notices were issued.

The provider was requested to and submitted a plan to improve safeguarding systems within the organisation. This was duly received and regular updates were provided. On this inspection it was found that significant areas of the plan had been addressed although some had not been assimilated into practice in this centre sufficiently. This included systems for monitoring of incidents and responding to safeguarding concerns.

Inspectors also reviewed the 26 actions required from the previous inspection and in most cases they had been resolved or were in the process of being resolved.

How we gathered the evidence:

Inspectors met with all residents and spoke with 4 residents. Other residents communicated in their own way and allowed inspectors observe some of their daily life and routines.

Residents also completed questionnaires with the support of their staff. Inspectors also met with two parents and others had completed questionnaires. Residents told inspectors they were very happy living in the centre and really enjoyed their activities, their work and social lives and their living space. They said the centre was their home and the staff their friends.

They also said that the managers listen to them when they have concerns and do something about them. Relatives expressed their confidence in the staff and managers and noted many positive changes in their relatives' lives. They valued the support and independence which was fostered within a safe environment. They said they were always consulted with and involved in decisions. They said that all efforts were made to address the needs of their relatives. They also commented on the commitment of the co-workers.

Inspectors also met with staff members, the person in charge, and the deputy national social care manager. All three premises were reviewed.

Description of the Service:

This centre is designed to provide long term care for up to 7 adult residents, both male and female, of low to moderate intellectual disability, those on the autism spectrum and some high dependency physical care needs.

The findings of the inspection indicate that the service provided is congruent with the statement of purpose.

The centre is comprised of 3 individual houses in a rural coastal location on developed site which also incorporates gardens and horticultural services workshops and craft rooms. Two units contain individual self-contained apartments where residents can have supported independence but full access to the main areas of the units as they wish.

Overall judgement of our findings:

This inspection found that the provider was in substantial compliance with a number of regulations which had positive outcomes for the residents.

Good practice was observed in the following areas;

- residents had good access to healthcare, multidisciplinary specialists and good personal planning systems were evident which supported their wellbeing and development(outcome 5)
- residents had meaningful occupation, recreation and social activities (Outcome 5 &10)
- systems for consultation with and inclusion of residents in decision making were evident which promoted residents independence and choice (outcome 1)
- numbers and skill mix of staff were suitable which provided supportive care for the residents (outcome 17).

Some improvements were required in the following areas:

- Governance systems which were supported effectively to ensure all regulatory requirements were understood and adhered to (outcome 14)
- Safeguarding systems and procedures to identify and manage any concerns raised which could pose risks to residents (outcome 8)
- Risk management systems required some review to ensure they were robust and thereby kept residents safe (outcome 7)
- Medicine management systems were not sufficiently robust which could pose a risk to residents (outcome 12)
- Complaint management systems did not demonstrate transparency (outcome 1)
- Access to and maintenance of the external grounds posed a potential risk to residents' safety (outcome 7)
- Policies required updating (outcome 18)

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied from speaking with residents and information received from family members that residents' rights to choice and autonomy were respected and promoted within a framework of support. However, systems for managing issues which were effectively complaints were not satisfactory. This was evidenced by records seen where issues had been raised by family members and which had not been recorded or managed via the complaint process. It was not therefore possible to ascertain how or if the matter had been resolved or facilitated.

Inspectors acknowledge the complexity of the particular situation and also that this finding was not a consistent feature of the service provision. Inspectors were told by residents that when they had raised issues they had been managed and they were happy with the outcome.

It was apparent that residents had choices in their daily lives and chosen lifestyles and were consulted in regard to their living arrangements, work and recreation. This was done both individually and via meetings where this medium was appropriate for the residents. Their families or next of kin were also consulted on their behalf. Where residents needs indicated and they expressed a wish to do so, arrangements had been made for them to move to self contained units within the centre but still be well supported by staff. They were involved in the planning and management of this. Their privacy was seen to be respected. A national advocacy service had been approached on behalf of residents who needed such support.

Residents' meeting were held and there was evidence that key workers took trouble to

support individual residents who could not participate in such forums. Residents maintained control of their own possessions and these were itemised. Residents were assessed for competency to manage their finances and the supports available were proportionate to the assessed needs.. Staff maintained detailed records and receipts of all financial transactions and there was also an overarching internal auditing system which inspectors saw was focussed on protecting residents' finances.

Judgment:
Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that the residents' needs for support with communication were both assessed and attended to. A number of residents had received speech and language assessments and another resident had been referred for this.

Staff were regularly updating their sign language skills and there were details available in each unit. Pictorial images were used effectively to help residents communicate and make plans or transitions.

Residents had mobile phones and if they wished they could access the internet. It was apparent that staff understood the resident's communication and could effectively communicate with them. There were also tools available to help staff identify if residents who could not communicate verbally were in pain or unhappy.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that familial relationships and other friendships were maintained and supported by consistent communication with family members, support with visits home, families had free access to the centre. Relatives and residents confirmed this to inspectors. They attended reviews and were kept informed of any developments or appointments.

There was evidence that residents had opportunities to meet and engage with people in the local community and surrounding areas via attendance at events and local facilities, shopping, and work and social activities. They told inspectors of their involvement and attendance at local events and how much they liked the local village environment to which they had free and supported access.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The action from the previous inspection had not been satisfactorily resolved. The admission policy was not current and it could not be ascertained if this had been amended to ensure suitable practices and admission practices.

An easy read contract for the provision of care and the services to be provided was issued to the residents for signing. While this is commendable there was no formal contract specifically detailing the care, support and costs which was signed by the representative of the residents where necessary due to the dependency of the resident. There was transfer information available should a resident require transfer to acute care services.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that the actions required from the previous inspection had been satisfactorily addressed. Residents had access to the required multidisciplinary assessments and the interventions were available and implemented by staff. These included physiotherapy, occupational therapy, speech and language or dementia onset. From a review of a sample of 4 personal plans and related documentation, inspectors found that resident's needs were identified and personal plans were made to address these. Annual or more frequent reviews were held as necessary and as needs changed and the personal plans were revised to reflect this. The review meetings were attended by the residents themselves where they wished to participate, their family members, and external clinicians. They were informed by the by the multidisciplinary assessments undertaken.

The details seen of the review meetings demonstrated that all aspects of the residents' life and wellbeing were evaluated and the residents own wishes were clearly included in the process. They also had pictorial and easy read versions of their plans. The personal plans reviewed demonstrated that there was a significant level of consultation with the residents and their representatives as required by their needs.

The outcomes were incorporated into the resident's daily care including strategies for choking risks, management of nutritional needs or decreased mobility .Very detailed support plans for personal care and day to day activities were also implemented based on each residents' assessed needs.

The social care needs of the residents were prioritised and supported. Inspectors saw and were informed by residents that they attended a variety of social events locally including going dancing in adjacent centres, going out for meals, going on holidays , meeting with friends. They had a range of day to day activities which they confirmed they enjoyed. They went swimming and attended activities in the local towns and activity centres. They helped with cooking and worked on the horticulture as they wished.

Inspectors were satisfied that the assessed needs of the current residents could be met within the centre.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The designated centre consisted of three community houses and associated lands located within walking distance of each other. The houses were based in a rural coastal setting alongside a number of neighbouring houses in the area. Each house had its own garden, and drive way and the residents visited the other houses during the day for meals and socialisation. The residents shared their houses with co-workers and volunteers who also lived and slept in the houses .

Each house had a fully equipped kitchen, dining area and livings space. Two residents had recently moved into their own self contained unit beside one of the main houses. This also had a kitchenette and living area along with a bedroom and bathroom. Each resident had their own bedroom which was personalised in accordance with their wishes. There was adequate storage in the houses and bedrooms for resident's personal possessions. Some bedrooms were en-suite while other residents had access to shared bathrooms in the houses and where necessary these were suitably equipped and assisted.

The dining areas in the houses were of an adequate size for the number of people living in each house. It was common practice for residents to visit other houses for meals and there was always adequate space at the tables for extra people.

Each house had a large garden area surrounding it. The gardens contained allotments, poultry, recreation facilities and outdoor seating areas.

Some minor repairs were required to the tiled flooring in one house. The provider was aware of this and undertook to have this rectified.

The external entrances and grounds around the houses required repair. The surfaces and entrances were uneven and there was uneven ground with service pipes protruding

beside one path. There was also a steep slope into the garden area. The rear door of one house had 3 steps leading to the garden area without a handrail. The main access gates to some houses required repair, the provider informed inspectors that they were currently in the process of sourcing new gates for the houses. The entrance ramps to two of the houses did not have a handrail or any definition to indicate the edge of the ramp. This did not provide adequate support for residents who had mobility issues and posed a falls risk due to the undefined edge of the ramps.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The actions from the previous inspection had been resolved with amendments made to the risk management policy to incorporate all risks identified by the regulations and manage of infection control practices. All the required fire safety works had also been completed.

Inspectors found that there was a balanced and proportionate approach to risk, especially in relation to individual resident's preferences for independence and need for support and assistance. However, the risk register did not demonstrate entirely that there was a satisfactory system for identification and management of risk and learning and review from incidents was not sufficiently evident.

This is indicated by the lack of recognition of the risk with medicines practices and actions taken as a result of such incidents, the use of unauthorised lap belts on transport chairs, and risks in the physical environment such as access to, and the general condition of the grounds of the premises.

However, individually residents had risk assessments for pertinent issues including falls, use of kitchen equipment, hot water and other vulnerabilities. Residents had staff support and supervision as needed. However, there were considered decisions made for their independent activities. For example, they went out locally or to an adjacent centre unsupervised. They carried specific identification cards and where possible had mobile phones and Hi-vis jackets.

The policy for responding to the unexplained absence of a resident was not available on

site during the inspection although there were procedures evident to prevent and respond to such an event in individual resident's records. There was no up-to-date safety statement available on site. The safety statement contained in the folders was out of date since effective from May 2013.

Satisfactory procedures were in place for the prevention and control of infection. The provider had satisfactorily implemented the actions from the previous inspection.

Inspector reviewed staff training records and found that staff were trained in the moving and handling of residents as required.

Inspectors reviewed records relating to the vehicles used to transport residents, there were current road worthiness certificates in place and records relating to the servicing and repair of the vehicles.

Each house had been fitted with suitable fire detection systems and fire doors where fitted to all bedrooms and main rooms in the buildings. There was suitable fire management equipment provided in each house. There was adequate means of escape and fire exits were unobstructed in the houses. There was an evacuation procedure displayed in the houses.

Inspectors reviewed the staff training records and there was evidence that staff had received training in fire evacuation procedures and some staff were trained as fire marshals.

Each resident had a personal emergency evacuation plan in place which accounted for their mobility and cognitive understanding.

Inspectors reviewed records that demonstrated that the fires alarms and emergency lighting systems were serviced on a quarterly basis and fire safety equipment was serviced on an annual basis.

There were records of regular fire evacuation drills occurring in all the houses. These details the residents involved and the time taken to evacuate the centre. The fire evacuation drill records did not detail the time of day or night the evacuation took place.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that improvements were required in systems to protect residents and manage allegations when they occurred.

This was evidenced by records seen on the inspection and from speaking with relevant staff. There was, in one instance a lack of adequate screening of an allegation of physical abuse and a subsequent decision made despite this lack of a robust process. There was also a failure by staff to report such an allegation when it was made. There was no evidence that this failure was addressed with all staff following this incident.

A further incident occurred where staff acted inappropriately resulting in a physical altercation. This later incident was managed effectively by the designated officer and it was evident that in this instance there was an understanding that the incident should not have occurred in the first instance.

However, it is of concern that such incidents occurred despite the training in safeguarding, behaviours that challenge and training for designated officers in the management of such incidents and satisfactory policies .

It was agreed with the provider that the incidents would be fully reviewed in order to ascertain the deficits in the process. It was also agreed that an assessment of competency and understanding should occur following training for staff, especially those staff for whom English may not be their first language. It is acknowledged that at the time these incidents occurred the organisation's revised national safeguarding processes had not been fully disseminated within the organisation as a whole.

Inspectors also requested an internal review by the organisations designated social worker for children on the outcome of a report seen relating to historical events. This did not relate to any events within this centre but it was not possible during the inspection to ascertain if all correct procedures had been followed at the time. This was agreed and confirmed following the inspection.

Residents themselves confirmed to inspectors that where on occasions, the behaviours of others impacted on them the staff intervened promptly. They also said they felt very safe living in the centre.

Where support with personal care was required the plans were comprehensive and staff outlined procedures which protected residents privacy and dignity and integrity.

As required within the organisation as a whole, welfare and safeguarding plans for the children of co workers had been devised and implemented. These plans defined the responsibilities of parents for their children and also defined the boundaries within which they lived in community with the residents. Arrangements had been made in one unit so that the parents and children had access to a defined family private space and an

additional separate living space was being provided for another family. Safeguarding plans for children were devised in conjunction with the organisations assigned social worker with responsibility for this and these plans were satisfactory.

Staff spoken with were clear on these plans and also confirmed that they added a degree of protection for the children and enabled them to carry out their work more effectively with the residents while maintaining the ethos of the shared living environment.

Significant levels of challenging behaviours were not a feature of this service and there were pertinent behaviours support plans in place. However, from a review of a number of incident records and support plans there was evidence that staff would benefit from additional guidance or training with specific behaviours and mental health issues, in particular where incidents reoccurred and became more frequent.

Despite this, inspectors found that the focus of the care provided was to enable residents to understand and manage their own behaviours with the support of staff. This was explained to inspectors by residents. These interventions were also supported by the low number of residents living in each unit, separate accommodation in some instances and the availability of one to one staff.

Residents had access to mental health specialists including psychiatry, and psychology. There were safeguarding and self protection plans for residents who also did regular training in how to keep themselves safe and appropriate boundaries in social situations.

The action from the previous inspection was in relation to the consent for the use of restrictions and the review of such restrictions. To this end the use of bedrails had been reviewed by the appropriate clinicians, the rationale was reasonable and appropriate to the needs of the residents.

Pro-re-nata (administered as necessary) medicine was not used at the time of this inspection to manage behaviours.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A review of the accident and incident logs, resident's records and notifications forwarded to the Authority, demonstrated that the person in charge had not complied with the requirement to forward specific notifications to HIQA.

Notifications not forwarded included an allegation of physical abuse, assault on a resident and misconduct. The inspector was informed that the requirements were not understood and retrospective notifications would be forwarded. These were also identified by the providers' unannounced inspection.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that attention was paid to residents' preferences, capacities and age when planning and implementing residents daily and long term plans. In this way the residents had meaningful goals and lives and told inspectors they really enjoyed these. A number had responsibilities in the gardens such as growing vegetables and tending the animals. Some did cookery, weaving and others attended at outside day centres and training centres specific to their particular needs and wishes. If they expressed a wish to discontinue or change their work or activity this was agreed. Life skill development and independence was supported in a very detailed manner with training in self care, money management, reading, writing and cookery and social skills.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found the action from the previous inspection had been satisfactorily resolved. There was evidence that the healthcare needs of residents were very well supported and responded to. A local general practitioner (GP) was primarily responsible for the healthcare of residents. Records and interviews indicated that there was frequent, prompt and timely access to this service.

There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents' needs. These included occupational therapy, physiotherapy, speech and language, neurology, psychiatric and psychological services. Chiropody, dentistry and ophthalmic reviews were also attended regularly.

Healthcare related treatments and interventions were detailed and staff were aware of how to implement these. These included dietary supports and physical therapy interventions. Suitable care plans were implemented for example, for increased dependency and falls. Where ongoing treatment was recommended this was also facilitated, for example, physiotherapy.

Inspectors saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine health issues and specific issues. Staff were very knowledgeable on the residents and how to support them.

Meals were prepared in the units each day by staff with help and support from residents. Inspectors found that the nutritional needs and preferences of the resident were known and catered for. Food was freshly prepared and in many instances grown in the gardens by the residents. They said they liked the food. At the weekends and for special occasion's inspectors saw that they go for meals out and regularly have meals in other units also.

Residents, and co workers shared all meals together and these were social and dignified experiences as observed.

There was a policy on end of life care but this was not pertinent at the time of this inspections.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The action from the previous inspection had been addressed. Administration charts were revised to include the timing and route of administration, and prescriptions were signed by the prescribing clinician. However, there were issues identified in terms of safe storage and general practices for the administration of medicines.

These included an unsafe decision in regard to administration of medicines when it was not clear if the medicine had already been administered. There had also been issues with both storage of medicines and transporting of medicines between various locations. While some remedial actions had been taken they were not sufficiently robust to mediate the risks.

There was a policy on medicines management which was in accordance with legislation and guidance. Inspectors saw that there were appropriate documented procedures for the handling, disposal of and the return of medicines.

Inspectors saw evidence that medicines were reviewed regularly by both the resident's GP and prescribing psychiatric service. There was data provided to staff to ensure they were familiar with the nature and purpose of the medicines and any medicines required to be administered in an altered format were adhered to.

Sealed systems for dispensing of most medication were used to support the non nursing staff in administration and residents were supported by staff to take their own medicines.

Staff had training in medicines management and the social care manager undertook a competency assessment following this. Complimentary medicines used were agreed by the GP.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose required some minor amendments to ensure it was compliant with the requirements to reflect the proposed changes to the centres numbers of residents and the current governance structures. It was agreed that this would be forwarded following the inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence from the findings of the inspection that the governance systems required some improvements in direct oversight to ensure adherence to and familiarity with safeguarding procedures, adequate knowledge of such systems and reporting requirements to HIQA.

Inspectors noted that despite the availability of the national incident management reporting process this had not been operating effectively in the centre.

Governance structures had been revised to include the deputy national social care manager. This post was agreed by the provider as part of the safeguarding and national governance plan. The supervision of the person in charge had not yet commenced and was agreed to be carried out by the deputy national social care coordinator. It is expected that this system will provide improved support and guidance to the local management team.

The local structure included the person in charge who was fulltime in post. He was supported by a suitably experienced social care manager /coordinator as deputy person in charge. Residents told inspectors they trusted and had confidence in the managers. Staff also expressed their confidence and clarity in regard to the reporting and oversight in the centre. The house coordinators also had a pivotal role in ensuring that residents' care needs were assessed and addressed and carried out this function satisfactorily.

Inspectors reviewed management and team meeting records and found that they were frequent and focused on residents' development, care and with accountability for outcomes evident.

The provider had undertaken an unannounced visit in July 2016 which was a detailed review of residents welfare and supports under relevant categories. Actions were identified including the need for transitional plans for residents, children first training for staff and for the designated officer. These actions had been addressed. The views of the residents and the outcomes of the relative's survey were also noted. These had been positive. A second visit had been undertaken in early 2017 and again this was a detailed review with actions identified.

As agreed in the provider's national action plan an internal line management supervision system had commenced. The records of these seen by inspectors demonstrated that this process was focused on performance management in relation to resident care. On call systems were available for staff who confirmed this was effective.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. The provider had made suitable arrangements for periods of absence of the person in charge. All documentation had been forwarded and was satisfactory.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The findings of the inspection indicate that the provider had the necessary resources and had deployed them in a manner so as to ensure the needs of the residents are met. This included staffing levels , transport , activities access to services and the suitability of the premises.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Inspectors found that the staffing arrangements were suitable both in skill mix, numbers and defined areas of responsibility to meet the needs of the residents. The staffing arrangements in the centre have traditionally been a mixture of short or long term volunteers /co-workers. There are two employed staff involved with residents. The units were managed by two co-coordinators, one of whom is part time and each unit also has a live in "homemaker". Additionally there are a number of volunteers who are also assigned to live in each unit for between one and two years and act as support workers and resources for the residents.</p> <p>A review of staff files and the training matrix showed that there was evidence of a commitment to mandatory training with all pertinent staff up to date in safeguarding, fire safety, manual handling and first aid. The recruitment processes were satisfactory with the required references, Garda Síochána vetting, proof of identity and qualifications.</p> <p>The systems for the recruitment of the volunteers was satisfactory. All the required</p>

documents were available including police clearance from the relevant jurisdiction. The social care manager is responsible for this and inspectors were informed that they try to recruit older persons and those with a definitive interest in the work or some relevant experience. Inspectors found that all staff met and spoken with had a good knowledge of the residents' needs and their own roles and responsibilities. One to one supports were available for specific time frames or interventions with residents. Although there were no waking night staff where it was necessary appropriate monitoring systems were used so that residents could easily access staff. There were rosters available detailing who was on duty and assigned to each resident. Staff supervision systems were appropriate and demonstrated that resident care and staff practices were addressed.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that the records required by regulation in relation to residents, including medical and personal plans were completed and informative.

Inspectors were not able to ascertain if all of the required policies were in fact in place and those that were in some cases were not current. These included the health and safety statement. Documents such as the residents guide and directory of residents were available. Inspectors saw that insurance was current.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Camphill Communities of Ireland
Centre ID:	OSV-0003633
Date of Inspection:	07 and 08 March 2017
Date of response:	18 April 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Complaints had not been satisfactory reviewed and managed.

1. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

Refresher training on Safe Guarding by National Safeguarding officer to be given to all management team members and House coordinators. Completed on 06.04.2017

Management team to meet with the HSE Safeguarding and Protection Team.
Completed on 12.04.2017

National Deputy Care Coordinator to be present in community 1x month to meet with management group and review incidents.

Proposed Timescale: 28/04/2017

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Records of complaints and their outcome had not been maintained.

2. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

National Deputy Care Coordinator to review all past incidents in the community and address the learning required with the management team.

Retrospective NFO6 and NFO7 to be returned for all cases where this was previously omitted.

Management team to work with the Complaints policy to ensure all are familiar with the contents and procedures.

Proposed Timescale: 28/04/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no evidence that the admission policy was suitable and took account of the need to protect residents.

3. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

Please state the actions you have taken or are planning to take:

Admissions policy 'Joining and Leaving Camphill' has been updated nationally and incorporated into community policy framework.

Proposed Timescale: 12/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Where necessary detailed contracts were not available or agreed with the residents representative.

4. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:

Contract to include appendix on financial contribution, signed by the representative of the residents where necessary due to the dependency of the resident.

Contract to be redrafted to include the level of care provided. Request sent to Camphill National office for update.

Proposed Timescale: 30/06/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The external grounds of the units were not maintained or constructed in a manner to ensure safe and easy acces.

5. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

Pathways to houses levelled and holes filled with chippings

New gates ordered

Handrails ordered for all ramps and steps in and around houses.

Proposed Timescale: 31/08/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Systems for the identification of risk and responding to incidents were not satisfactory.

6. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

Lap-belts have been assessed by OT as suitable and safe for resident's transport and use.

Completed 12/04/17

Safety Statement to be updated locally by 28/04/17 and request made to National office to review national statement.

Risk assessments on medication management to be developed and in place.

Proposed Timescale: 30/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff did not have sufficient understanding of what constitutes abuse or the required reporting structures.

7. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:

National Deputy Care Coordinator to review all past incidents in the community and address the learning required with the management team.

Refresher training on Safe Guarding by National Safeguarding officer to be given to all management team members and House coordinators. Completed on 06.04.2017

Management team to meet with the HSE Safeguarding and Protection Team.
Completed on 12,04.2017

National Deputy Care Coordinator to be present in community 1x month to meet with management group and review incidents.

Proposed Timescale: 28/04/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff required further training in the support of residents with specific behaviour or mental health needs.

8. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:

Consultation to be carried out with SILS, Social Care division HSE Wexford on current Behaviour Support Plans.

Training of social care coordinator in Multi-Element Behaviour Support (MEBS) to be undertaken.

Review all Behaviour Support Plans of residents.

Proposed Timescale: 31/10/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Allegations of abuse or harm were not sufficiently investigated.

9. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:

National Deputy Care Coordinator to review all past incidents in the community and address the learning required with the management team.

Refresher training on Safe Guarding by National Safeguarding officer to be given to all management team members and House coordinators. Completed on 06.04.2017

Management team to meet with the HSE Safeguarding and Protection Team. Completed on 12,04.2017

National Deputy Care Coordinator to be present in community 1x month to meet with management group and review incidents.

Proposed Timescale: 28/04/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Report on allegations of abuse or harm were not forwarded as required.

10. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:

National Deputy Care Coordinator to review all past incidents in the community.

Retrospective NFO6 and NFO7 to be returned for all cases where this was previously omitted.

National Deputy Care Coordinator to carry out line-management with Person in Charge in Ballymoney 1x month

Proposed Timescale: 28/04/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was a failure to ensure that medicines were administered correctly and safely. Arrangements for transporting medicines were not safe.

11. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:

New procedure to include sign out and sign in of medication for times outside the community.

MAR chart to include sign out and sign in of medication for times outside the community.

Key lock codes to medication cupboards changed.

Additional risk assessments and procedure on overdosed medication to be developed locally and reviewed with all staff.

Proposed Timescale: 28/04/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Systems for monitoring of practise and local management were not sufficiently developed.

12. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

National Deputy Care Coordinator to join management group meeting in Camphill Ballymoney 1x month

National Deputy Care Coordinator to carry out line-management with Person in Charge in Ballymoney 1x month

Proposed Timescale: 28/04/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Policies were not available to guide staff or had not been reviewed to reflect current practices and arrangements.

13. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

All Policies and Procedures to be made available to guide staff.
Request made to National office for out of date policies to be reviewed.

Proposed Timescale: 28/04/2017